three tests for Yes No No	a spouse or dependent child because they meet all t	rned" income, or liabilities of a committee on Ethics.	EXEMPTION — Have you excluded from this report any other assets; "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not enswer "yes" unless you have first consulted with the Committee on Ethics.
you excluded Yes No No	ither "excepted trusts" need not be disclosed. Have you excluded	nittee on Ethics and gertain o sendent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" notion this report details of such a trust that benefits you, your spouse, or dependent child?
UESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	JST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
OMPLETE	5 L S	Y THE SCHEDULES	THIS FORM INCLUDES ON
,000 from a Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?  HEDULE IF YOU ANSWER "YES"	ave any reportable Yes No J. Did you receive com single source in the cut	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  ATTACH THE CO
ngement with an Yes No X	F. Did you have any reportable agreement or attengement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	©. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
e reporting he date of fling? Yes No No	E. Did yeu hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	OF THESE QUES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	to NAY 15, 201	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee St Employing Office:
U.S. HOUSE OF THE CLERK	Check If Amendment	NC NC	New Member of or Candidate for State:
LEGISLATIVE RESOURCE CENTER 2021 MAY 17 AM 11: 48	hone:_	) Daytime Telephone:	Name: JOSHUA MICHAEL PEMILLAPO
Page 1 of	FORM B. For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: JOSHUA MICHAEL PENJUARDO

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dditional			是是		Examples:		For bank and of in all interest-but \$5,000, list ever \$1,000 for an owner business for an owner for an owner for an owner of the business and vacations of the business and vacations and vacati	all IRAs ar k) ptens) po eccount th	ot use only	ne which smed inco	uction of in eding \$1,00	\ssets a	
lies suidiffonsi chaefe if more esses is required		<b>A</b>	P	ABC Hedge Fund	_	Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, lest every finearcial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., 'tental property,' and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Excelude: Your pensonal residence, including second homes and vacation homes (urisess there was rental income during the reporting period); and sary financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  Excepted investment Fund, please check the "EIF box.  If you report a privately-traded fund that an asset of income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names or spoks and mutual tunks (do not use only ticker symbols).	income which generated more than \$200 in uneamed income during the year.	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of the control of the control of	Assets and/or Income Sources	BLOCK A
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		多	きぎん	Partnership Income	Royalbes		Other Type of Income (Specify: e.g., Partnership Income or Ferm Income)		generated no income during the reporting period.	capital gains, even if reinvested, must be disclosed as income for assets held in burable ecocuris. Check "None" if the asset	Check all columns that apply. For accounts that generate tax-defeired income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Defeired" column. Etvidends, Interest, and		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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## SCHEDULE C - EARNED INCOME

Name: JOSHUA	
MICHAEL PEMILLARA	
Pageof	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you are on House payroll. The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

						PATTON ENERGE PET COMPANY	EXEITIPIES. Civil War Roundtable (Oct. 2) Ontario County Board of Education	_	Source (include date of receipt for nonorana)	
					L	GPOUSE SALAPLY	Spouse Speech Spouse Salary	Honoratum Salary	Type	Toron
						Z P	\$0	\$0 \$20,000	Current Year to Filing	
					•	ZX	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: JOS-JUA	
MULHARIA	
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Page	
9	

exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. ilabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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SP MOKERIA CHIRSC	ADS/FOUNT SERVICE	First Bank of Wilmington, DE	Creditor		
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5 1202 CHONT CARDO	3)2008 SCHOOL LOANS, SADUESE	Mortgage on Rental Property, Dover, DE	Type of Liability		
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			Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		Position
		Name of Organization

### SCHEDULE F - AGREEMENTS

		!
	Name:	Pageof
ent or arrangement that you have with t	ent or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	f government service;
nployer other than the U.S. government	nployer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	Intained by a former

employer.	an en	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during
	cipation in an employee wettare or benefit plan maintained by a former	ployment; a leave of absence during the period of government service;

			Date
			Parties to Agreement
			Terms of Agreement

# SCHEDULE J -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

FILER NOTES (Optional)	
NOTE NUMBER	NOTES